


PART II

This form or an approved substitute is to be used to record all resident care payments for adult foster care services.

Resident Name	
Facility Name	License Number
Time Period Covered	
thur	

Please use a separate BCAL-2319 - Resident Funds - Part III for each savings, checking, or other account. One form may be used to account for cash and for payment of adult foster care services. Please attach additional pages as necessary.

Type of Account

☐ SAVINGS
 ☐ CHECKING
 ☐ CASH
 ☐ PAYMENT FOR ADULT FOSTER CARE SERVICES
 ☐ OTHER (Specify) 

[illegible]

AUTHORITY:	1979 PA 218 R 400.14315(3) and R 400.153.15(3)
COMPLETION:	Mandatory
CONSEQUENCE:	Adult Foster Care Rule Violation